

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15	1					
16						
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26						
27	1					
28	1					
29	1					
30	1					
31	3					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	3					
40	3					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53						
54	1					
55						
56						
57						
58						
59	1					
60						
61						
62	1					
63						
64						
65	1					
66	1					
67						
68						
69						
70						
71						
72	1					
73	1					
74						
75						
76	1					
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	18					
TOTAL DEP.						
TOTAL CLAIMS						

20
q
29.8 23
e7